



Provider Bulletin

Reference: B1100301

May 2011

colorado.gov/pacific/hcpf

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Did you know...?

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, eligible health care professionals can qualify for Medicare and Medicaid incentive payments of up to \$63,750. Providers must adopt certified Electronic Health Records (EHR) technology and become meaningful users who utilize the technology to achieve specified objectives. If you would like more information, visit <http://www.corhio.org/co-rec.aspx>.

All Providers

Prior Authorization Request (PAR) Change/Revision Reminder

All revised and pending PARs require a PAR form. When revising or sending in information, indicate the PAR number requiring a revision or waiting for additional information (pending) on the new PAR form. *The original dates on a PAR cannot be revised.*

If disputing a denied PAR, please submit a **new** PAR form with required attachments. Denied PARs are not revised, the PAR will be keyed as new. When submitting a change of address or affiliations, please go to the Provider Services [Forms](#) section of the [Department's Web site](#) to obtain the correct form. The fiscal agent (ACS) cannot accept an address or affiliation change written on a PAR letter.

Corrections to April 2011 Bulletin (B1100300)

The customer service phone number for the Rocky Mountain Health Plan's Accountability Care Collaborative (ACC) program was incorrectly published on page 1 of the April 2011 bulletin ([B1100300 - 04/11](#)). It has been corrected **and** is now in the bulletin posted on the Web site.



The date for the Dental, Pediatric Home Health PAR, and Home Health workshops was incorrectly published as Monday, May 23, 2011 on page 6 of the April 2011 bulletin ([B1100300 - 04/11](#)). The May 2011 Workshop schedule has been corrected in the bulletin and on the [Workshop Calendar](#) to show May 16, 2011 as the correct date for these workshops.

Code 96110 – Depression Screenings Clarification

Please be advised that **all** providers are **not** to bill Common Procedural Terminology (CPT) code 96110 for depression screens. CPT code 96110 is to be billed only when developmental screens are provided. The Department of Health Care Policy and Financing (the Department) is currently working on identifying an appropriate code for depression screens. Until further notice, do **not** bill code 96110 for depression screens. Please contact Sheeba Ibdunni at Sheeba.Ibdunni@state.co.us or 303-866-3510 with questions.

Memorial Day Holiday

Due to the Memorial Day holiday on Monday, May 30, 2011, claims will be processed on Thursday, May 26, 2011. The processing cycle includes claims accepted on or before Thursday at 6:00 P.M. Mountain Time (MT). The receipt of warrants will be delayed by one or two days.



Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

Both State and ACS offices will be closed on Monday, May 30, 2011.

The holiday processing schedule for the remainder of 2011 is as follows:

Claims Processing Schedule for the Remaining 2011 Holidays

Holiday	Holiday Processing Date
Memorial Day Monday, May 30	Thursday, May 26
Independence Day Monday, July 4	Thursday, June 30
Labor Day Monday, September 5	Thursday, September 1
Columbus Day Monday, October 10	Thursday, October 6
Christmas Day (Observed) Monday, December 26	Thursday, December 22
New Year's Day (Observed) Monday, January 2	Thursday, December 29



Receipt of warrants or EFTs will be delayed by one or two days due to the following holidays:

Holiday	Date
Veterans Day	Friday, November 11, 2011
Thanksgiving Day	Thursday, November 24, 2011

Clinical Laboratory Improvement Amendments (CLIA) Update

Beginning on July 1, 2011, claims submitted for any dates of service for procedures covered by CLIA must have a CLIA number of the laboratory where the procedure was done on file or on the claim. The submitted CLIA number must certify the provider for the procedure(s) and the date(s) of service on the claim. Claims or claim lines without a valid CLIA number will be denied.

837 Institutional (837I) - Hospitals - Providers submitting CLIA claims via the 837I electronic format or on the UB-04 paper claim form must have CLIA numbers on record with the fiscal agent. The CLIA numbers must be valid for the date(s) of service and certify them for the submitted procedure(s). See the December 2010 ([B1000291](#)) and subsequent provider bulletins for more information. Use the [CLIA Update Form](#) located in the Provider Services Forms section of the [Department's Web site](#) to record updated CLIA information. Include a photocopy of the CLIA certificate(s) and submit the information to the address on the form. CLIA certificates submitted without the update form will be discarded.

837 Professional (837P) - Independent Laboratories and All Other Provider Types – Providers submitting CLIA claims via the 837P electronic format or on the Colorado 1500 paper claim form must include their valid CLIA number on the claim or claim line.

- Providers billing via the 837P format should refer to the updated [837P Companion Guide](#) which has been posted in the Provider Services Specification section of the [Department's Web site](#). Providers billing via the 837P format and billing agents should update their billing systems for 837P transactions as soon as possible.
- Providers billing an 837P via the Colorado Medical Assistance Program Web Portal (Web Portal) are currently able to enter CLIA numbers on the Detail Line Item tab (claim line). Entry on the Client's Info tab (header level) will be available soon and more information will be provided in future provider bulletins. Further information on Web Portal functionality for CLIA is available in the February 2011 provider bulletin ([B1100296](#)). Web Portal users receiving technical errors on entry of CLIA numbers on the Web Portal can contact the CGI Help Desk at HelpDesk.HCG.central.us@cgi.com or 1-888-538-4275 (option 1).
- Providers billing via the Colorado 1500 paper claim form should provide their valid CLIA number in the REMARKS field (# 30). The number should be prefaced with "CLIA". Please see Attachment A of this bulletin for an example. Please note that only one CLIA number can be included on each paper claim form. It will be applied to all CLIA covered procedures on the claim.

Procedures covered by different CLIA numbers need to be submitted on different claim forms. Please note the CLIA number in the REMARKS field only.

All Providers - The tax ID (TID) on record with the Centers for Medicare and Medicaid Services for the CLIA number must correspond to the TID on record with the Department. Questions regarding claims processing or responses should be directed to ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

Update to Appendix T: Community Mental Health Services Program Covered Diagnoses and Procedures

Appendix T (Community Mental Health Services Program Covered Diagnoses and Procedures) located in the Appendices of the Provider Services [Billing Manuals](#) section on the Department's Web site has been updated. The updates are retroactive; any claims that are submitted for dates of service on or after January 1, 2011 will be affected by the update. Claims already paid will not be impacted by the change. For billing questions, please contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044. For article questions, please contact Sarah Campbell at Sarah.Campbell@state.co.us.

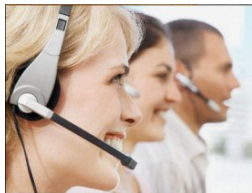
Three Provider Service Centers – All Here To Serve You

Understanding the services available from each of the service centers, the differences between them, and when to contact each of them for assistance.

There are three distinct service centers that the Department has made available to assist providers with the complex processes of:

- Enrolling as a provider with the State of Colorado,
- Serving Medicaid clients, and
- Then billing the Colorado Medical Assistance Program for services and receiving payment.

These service centers are sometimes referred to by different names, such as “call center” or “help desk,” but will be referred to as “service centers” here for purposes of cohesion. The three distinct service centers are ACS Provider Services, ACS EDI Services, and the CGI Help Desk. Their areas of service are outlined below.



ACS Provider Services is a call center for providers, which is operated by the Department's fiscal agent for the Medicaid Management Information System (MMIS). ACS Provider Services offers technical and user support to providers who have questions regarding:

Claims

- Billing for services provided to Medicaid clients
- Claim problems, statuses, and claim form completion questions
- Billing or payment questions
- Ordering paper forms

Provider Enrollment

- Enrollment for new Colorado Medical Assistance Program providers
- Provider enrollment changes, such as change of address, tax IDs, etc.
- Opening and closing Primary Care Physician panels

Prior Authorization Request (PAR)

- Information needed to obtain a PAR
- PAR revisions
- PAR status

Eligibility

- Verification

ACS Provider Services is available from 8:00 A.M. to 5:00 P.M. MT, Monday through Friday, and can be reached via telephone at 1-800-237-0757. The following options are available for selection when contacting Provider Services:

- Option 1 – Verify Client Eligibility
- Option 2 – Claim Status
- Option 3 – Warrant Information

- Option 4 – All other questions

ACS EDI Services is also a call center for providers that is operated by the Department's Fiscal Agent for the MMIS, and this call center assists providers with enrolling to submit claims electronically (via the Web Portal) and electronically retrieving reports and statements. ACS EDI Services works hand-in-hand with both the ACS Provider Services and the CGI Help Desk, but is not the same entity. ACS EDI Services is available from 8:00 A.M. to 5:00 P.M. MT, Monday through Friday, and can be reached via telephone at 1-800-237-0757 or 1-800-237-0044.

CGI Help Desk is a call center and e-mail support desk for providers, which is operated by the Department's vendor (CGI) for the Web Portal. The Web Portal allows providers to interactively submit claims, prior authorization requests, and request client eligibility information online. The CGI Help Desk offers technical support to providers who have issues with navigation and use of the Web Portal. This would include activities such as:

- What a Web Portal field can be used for (i.e., data entry restrictions, such as only numeric characters or select from a drop-down menu)
- Understanding information displayed on the Errors Tab
- Errors pages that are received in the Web Portal (which are different from a Status Response screen that is received after the "Transaction Processing" screen is displayed)



The CGI Help Desk is also available to assist users with password or suspended account resets for the Web Portal. Users are still encouraged to utilize the "I forgot my user name" and "I forgot my password" self-reset features for the Web Portal (available on the login page) before contacting the CGI Help Desk for user name or password assistance.

The CGI Help Desk operates from 7:00 A.M. to 7:00 P.M. MT, Monday through Friday, and can be reached via telephone at 1-888-538-4275, option 1, or via e-mail at HelpDesk.HCG.central.us@cgi.com. Finally, for providers who need to direct their clients to a call center, the **Department's Customer Contact Center** is a call center that responds to client issues and Web site e-mail inquiries, and is operated by Department staff. This call center is an excellent resource for Medicaid clients with questions regarding benefits and eligibility, obtaining Medicaid Identification Cards, assistance to clients receiving bills, locating area providers, and out-of-state providers. The Department's Customer Contact Center is operated from 7:30 A.M. to 5:30 P.M. MT, Monday through Friday (excluding State holidays), and can be reached via telephone at 303-866-3513 in the Denver Metro area or 1-800-221-3943. Outside the Denver Metro area, by e-mail at Customer.Service@hcpf.state.co.us or via the Web site at colorado.gov/hcpf.

Family Planning Services Providers

Reimbursement Rate Increase for J7300

Effective May 1, 2011, the maximum allowable reimbursement for Healthcare Common Procedure Coding System (HCPCS) code J7300 (intrauterine copper contraceptive) is \$610.00. If you are purchasing this product through the federal 340B Drug Pricing Program, you must bill Medicaid the actual acquisition cost plus shipping and handling.



All other providers must bill their usual and customary charge for this item. Please be advised that the fee schedule on the Department's Web site will not reflect this rate increase until the next updated fee schedule is issued in July 2011. Please contact Ginger Burton at Ginger.Burton@state.co.us or 303-866-2693 with any questions.

Practitioners

Colonoscopy Billing

The Department's instructions for billing colonoscopies do not match the way colonoscopies are billed to most health insurance companies. We are working to change this in the system. In the interim, providers must bill colonoscopies as unbundled codes.

For example, to receive appropriate reimbursement from the Colorado Medical Assistance Program for a colonoscopy with single or multiple biopsies, bill using the following combination of codes:

45378 - Colonoscopy, flexible, proximal to splenic flexure



and

45380 - with biopsy, single or multiple

Please contact Teresa Knaack at Teresa.Knaack@state.co.us or 303-866-3064 if you have any questions.

Billing Invega® Sustenna™ in an Office-Setting

Invega® Sustenna™ (paliperidone palmitate) extended-release injectable suspension is indicated for the acute and maintenance treatment of schizophrenia in adults. The correct HCPCS code for Invega® Sustenna™ is J2426 for dates of service on or after January 1, 2011.

When administered in the office-setting, Invega® Sustenna™ should be billed using HCPCS procedure code J2426 and the appropriate National Drug Code (NDC) on the Colorado 1500/837P claim format. Submitted units must correspond with the dosage given. 1 unit = 1 mg. For example, if a 117 mg dose is administered, 117 units should be submitted on the claim. No acquisition cost invoice is required.

Please contact Teresa Knaack at Teresa.Knaack@state.co.us or 303-866-3064 if you have any questions.

Pharmacy

Next Drug Utilization Review (DUR) Board Meeting

Tuesday, May 17, 2011

6:30 P.M. to 9:00 P.M.

225 E. 16th Avenue, 1st Floor Conference Room

Denver, CO 80203

For the meeting agenda please visit the Pharmacy [Drug Utilization Review \(DUR\) Board](#) section in Provider Services found under *Forms* of the [Department's Web site](#).

May and June 2011 Provider Billing Workshops

Denver Provider Billing Workshops



Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures. The May and June 2011 workshop calendars are included in this bulletin and are also posted in the Provider Services [Training](#) section of the [Department's Web site](#).

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should consider attending the appropriate workshops.

Reservations are required

Reservations are necessary for **all workshops**.

Email reservations to:

workshop.reservations@acs-inc.com

Or Call Provider Services to make reservations:
1-800-237-0757 or 1-800-237-0044

Press "5" to make your workshop reservation. You must leave the following information:

- Colorado Medical Assistance Program provider billing number
- The number of people attending and their names
- The date and time of the workshop
- Contact name, address and phone number

All this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

Reservations will only be accepted until the Friday before the training workshop. This will assure that there is space available and enough training materials.

If you have not received a confirmation within at least two business days prior to the workshop, please contact Provider Services and talk to a Provider Relations Representative.

All Workshops held in Denver are located at:

ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

Beginning Billing Class Description

These classes are for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program. Currently the class covers in-depth information on resources, eligibility, timely filing, reconciling remittance statements, and completion of the UB-04 and the Colorado 1500 paper claim forms.

*The Beginning Billing classes do **not** cover any specialty billing information.*

The fiscal agent provides specialty training throughout the year in their Denver office.

Classes do not include any hands-on computer training.



Provider Enrollment Application Workshop

This workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application. Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives, and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend.

April and May 2011 Specialty Workshop Class Descriptions

Dental

The class is for billers using the 2006 ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists

DME/Supply

This class is for billers using the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues, and guidelines specifically for Supply/DME providers.

DME/Supply PARs

This class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization. (This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers.)

HCBS-EBD

This class is for billers using the Colorado 1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues, and guidelines specifically for the following provider types:

HCBS-EBD HCBS-PLWA HCBS-MI

Home Health

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues, and guidelines specifically for Home Health providers.

Nursing Facility

This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers, and guidelines specifically for Nursing Facility providers.

Pediatric HH PAR Workshop

The Pediatric Home Health PAR workshop focuses on the PAR completion instructions for Pediatric Home Health procedures. This class is specifically for Pediatric Home Health providers.

Practitioner

This class is for providers using the Colorado 1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

Ambulance	Family Planning	Independent Radiologists	Physician Assistant
Anesthesiologists	Independent Labs	Nurse Practitioner	Physicians, Surgeons

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:



Take I-25 toward Denver.

Take exit **210A** to merge onto **W. Colfax Ave. (40 E)**, 1.1 miles.

Turn **left** at **Welton St.**, 0.5 miles.


Turn **right** at **17th St.**, 0.2 miles.


The Denver Club Building will be on the right.


ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

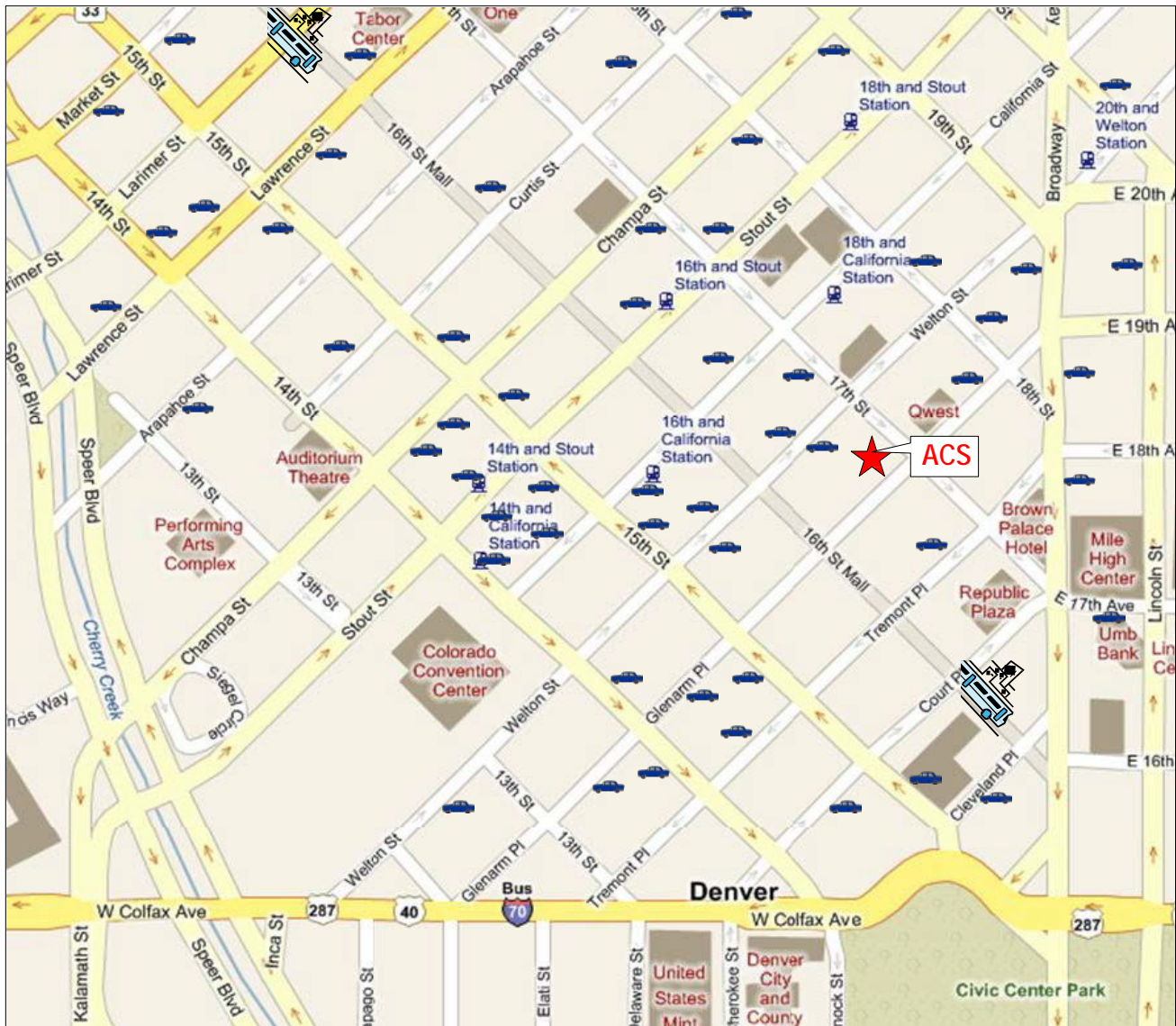
Parking: Parking is not provided by ACS and is limited in the downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

 = **Light Rail Station** - A Light Rail map is available at: http://www.rtd-denver.com/LightRail_Map.shtml.

 = **Free MallRide** - The MallRide stops are located at every intersection between Civic Center Station and Union Station.

 = **Commercial Parking Lots** - Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



Please note: Email all WebEx training reservations to workshop.reservations@acs-inc.com.

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

May 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 Dental 9:00 AM-11:00 AM Pediatric HH PAR 1:00 PM-3:00 PM Home Health 3:00 PM-4:30 PM	17 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	18 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Nursing Facility 1:00 PM-3:00 PM	19 DME/Supply Billing 9:00 AM-11:00 AM DME/Supply PARs 11:30 AM-1:30 PM	20	21
22	23	24	25	26	27	28
29	30 <i>Memorial Day</i>	31				

June 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10 (WebEx) UB-04 9:00 AM-12:00 PM (WebEx) HCBS-EBD 1:00 PM-4:00 PM	11
12	13	14 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Practitioner 1:00 PM-3:00 PM	15 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM	16 Provider Enrollment Application Workshop 9:00 AM-11:00 AM	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to

ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

Please remember to check the [Provider Services](#) section of the Department's Web site at colorado.gov/pacific/hcpf.

Attachment A - CLIA Number on the Colorado 1500

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING form fields for JOCEPAT ACCT NUMBER and SPECIAL PROGRAM CODE

HEALTH INSURANCE CLAIM

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

PATIENT AND INSURED (SUBSCRIBER) INFORMATION form fields including CLIENT NAME, DATE OF BIRTH, SEX, and COVERAGE INFORMATION

Form fields for DATE OF SERVICE, SUPERVISOR, and ADDRESS INFORMATION

Form fields for ICD-9-CM diagnosis, TRAHSPCATATION CERTIFICATION, and LABORATORY CHECKBOX

Table with columns: DATE OF SERVICE, BALANCE OF SERVICE, PROCEDURE CODE, CPT CODES, RENOERT<G, PROYER & I<SER, CHARGES, COAY, ENCY, EISOL

Form fields for TOTAL CHARGES, MEDICARE PAID, and COINSURANCE PAID

Form fields for SUBJECT TO CERTIFICATION REVERSE, CITY LABS, and IMPROVING ACCESS TO COST-EFFECTIVE, QUALITY HEALTH CARE SERVICES FOR COLORADANS

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COL: K1
FORM NO. 94323-02,1999
ELECTRONIC APPLICATION

21. NET OI ARGE 26. T. EDUCARE
OISAU. O\ \ e

\$100.00

COLORADO 1500